S. No. 2
M—2-43
. 5-17-39
I X35897

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1947

Registration District No. 2478

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4330

31861

State File No.

Registrar's No. 50

1. PLACE OF DEATH:
(a) County Miss. County, Mo.
(b) City or town East Prairie, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Miss, 67
(c) City or town East Prairie, 2
(If outside city or town limits, write "RURAL")
(d) Street No. / 0
(If rural, give location)
(e) Citizen of foreign country? D (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mark Daniel

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race col.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louisa Daniel

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August (Month) 16 (Day) 1862 (Year)

8. AGE: Years 84 Months 11 Days 24 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation farming

11. Industry or business

MOTHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Cleodres Daniel
(b) Address East Prairie, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug.15,1947 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove, Charleston Mo.

18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.

19. (a) 9-4-47 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10th
year 1947 hour 12 minute a M.

21. I hereby certify that I attended the deceased from about 19 45 to Aug 10 19 47
that I last saw him alive on Aug 6 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Chronic Interstitial nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Geo W Whitaker (M. D. or other)
Address East Prairie Mo Date signed 8/11/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 947-1229
Date Filed 9-13-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.